



2118893

EPA NO. 4590002FILE NO. P1-6

REGION 8 SAMPLE BROKER, FAX - 303-312-7826

CONTRACTOR: _____

CSCC: _____

DCN: _____

ULSA No: U8-990011

REQUEST FOR UNIQUE LABORATORY SAMPLE ANALYSES

SITE/STUDY NAME: Apex/Heccla Pond CITY, STATE: St. George, Utah

OPERABLE UNIT: _____ ACCOUNT NUMBER: _____

(If Superfund)

SITE/PROJ. MANAGER: Linda Jacobson TELEPHONE NO: 303-312-6503SAMPLING DATE(S): 11/16-17/98 SHIPPING DATE(S): _____SHIPPING CONTACT: Donna Inman TELEPHONE NO: _____

PROJECT OFFICER: _____ TELEPHONE NO: _____

(If there is a Field Contractor)

TURNAROUND TIME: _____ POTENTIAL ENFORCEMENT ACTION ? **YES**

(QA/R5 - Element B3)

Date Broker received ULSA Request: _____

To most efficiently obtain laboratory capability for your request, please address the following considerations. Incomplete or erroneous information may result in a delay in the processing of your request.

Please assure that this request for analytical services has been signed and dated by the appropriate Site Manager. Please assure that the Sample Broker has a copy of all relevant Quality Assurance Project Plans (QAPPs) and Sampling and Analysis Plans (SAPs).

Name and date Site Manager (EPA/State) approved QAPP: _____

Title of QAPP: _____

Where can a copy of this QAPP be found ? _____

Name and date Site Manager (EPA/State) approved SAP: _____

Title of SAP: Sample and Analysis Plan, Apex/Heccla Pond, St. George, Utah

Where can a copy of this SAP be found ? _____

Signature of EPA or State Site Manager to signify approval of this analytical services request.

Signature: _____ Date: _____

Is sub-contracting specifically requested? **YES** **NO**

If yes, why? _____

1. General description of analytical services requested:

(QA/R5 - Element B1)

MATRIX	ANALYSIS (method)	NO. OF SAMPLES (without QC)	QC SAMPLES
Solids	TCLP Metals	13	2
Liquids	Total Metals	10	1

2. Analytical protocol required (analytical method & method number, extraction or digestion method & method number for each matrix if required, etc.):
(QA/R5 - Element B4)

Analyze the solid samples for total metals. If the levels of total metals are lower than the Maximum Level for each metal in Table 1 below, then no further analysis is required. If the level of total metals exceed the Maximum Level (mg/kg) for any metal in Table 1 below, then that sample must be extracted according to SW-846 Method 1311 (Toxicity Characteristic Leaching Procedure) and The extract analyzed for the Metals listed in Table 1, below.

Table 1, Maximum Concentration of Inorganic Contaminants for the Toxicity Characteristic

EPA HW No. (1)	Contaminant	CAS No. (2)	Regulatory Level (mg/l)	Maximum Level (mg/kg)
D004	Arsenic	7440-38-2	5.0	100
D005	Barium	7440-39-3	100.0	2000
D006	Cadmium	7440-43-9	1.0	20
D007	Chromium	7440-47-3	5.0	100
D008	Lead	7439-92-1	5.0	100
D009	Mercury	7439-97-6	0.2	4
D010	Selenium	7782-49-2	1.0	20
D011	Silver	7440-22-4	5.0	100

Table 2, Maximum Concentration of Organic Contaminants for the Toxicity Characteristic

EPA HW No. (1)	Contaminant	CAS No. (2)	Regulatory Level (mg/L)	Maximum $\mu\text{g/g}$ as Total
D019	Carbon tetrachloride	56-23-5	0.5	10
D020	Chlordane	57-74-9	0.03	0.6
D021	Chlorobenzene	108-90-7	100.0	2000
D022	Chloroform	67-66-3	6.0	120
D007	Chromium	7440-47-3	5.0	100
D023	o-Cresol	95-48-7	{4} 200.0	4000
D024	m-Cresol	108-39-4	{4} 200.0	4000
D025	p-Cresol.....	106-44-5	{4} 200.0	4000
D026	Cresol		{4} 200.0	4000
D016	2,4-D	94-75-7	10.0	200
D027	1,4-Dichlorobenzene.....	106-46-7	7.5	150
D028	1,2-Dichloroethane.....	107-06-2	0.5	10
D029	1,1-Dichloroethylene.....	75-35-4	0.7	14

D030	2,4-Dinitrotoluene	121-14-2	{3} 0.13	2.6
D012	Endrin	72-20-8	0.02	0.4
D031	Heptachlor (and its epoxide)	76-44-8	0.008	0.16
D032	Hexachlorobenzene	118-74-1	{3} 0.13	2.6
D033	Hexachlorobutadiene.....	87-68-3	0.5	10
D034	Hexachloroethane.....	67-72-1	3.0	60
D008	Lead	7439-92-1	5.0	100
D013	Lindane.....	58-89-9	0.4	8
D014	Methoxychlor	72-43-5	10.0	200
D035	Methyl ethyl ketone	78-93-3	200.0	4000
D036	Nitrobenzene.....	98-95-3	2.0	40
D037	Pentachlorophenol.....	87-86-5	100.0	2000
D038	Pyridine	110-86-1	{3} 5.0	100
D039	Tetrachloroethylene.....	127-18-4	0.7	14
D015	Toxaphene	8001-35-2	0.5	10
D040	Trichloroethylene	79-01-6	0.5	10
D041	2,4,5-Trichlorophenol	95-95-4	400.0	8000
D042	2,4,6-Trichlorophenol	88-06-2	2.0	40
D017	2,4,5-TP (Silvex)	93-72-1	1.0	20
D043	Vinyl chloride	75-01-4	0.2	4

3. Special technical instructions (specify any requirements outside of existing protocol such as target analytes, reporting limits, subsampling methods for each matrix, dilution specifications, example calculations if applicable, etc.):

(QA/R5 - Elements A6 & B4)

4. Analytical results required (specify laboratory documentation and reporting requirements, reporting units, specify format requirements, indicate if electronic deliverables are needed and required format, chain-of-custody documentation, etc.).

(QA/R5 - Elements A6 & B4)

5. Other (any additional specifications, attach supplementary information if needed):

(QA/R5 - Element B4)

The laboratory must forward the Region 8 data package to:

Linda Jacobson

US EPA Region VIII, 8ENF-T

6. Data Requirements (reporting limits; per analyte per matrix; reporting units; applicable reference levels, etc.):

(QA/R5 - Elements A7, B1 & B4)

Parameter	Detection Limit	Precision Desired (± % or Concentration)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. QC Requirements (PE samples & frequency; spikes, duplicates, blanks & frequency; acceptance criteria):

(QA/R5 - Elements B1, B5 & B7)

QC Activities	Frequency	Limits (% or Concentration)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Action required if limits are exceeded (criteria, procedures & responsibilities; documentation, etc.):

(QA/R5 - Elements B5 & D1)

The laboratory will stop analysis and contact Jim Gindelberger
at 303-312-6984

Please FAX this request to the Regional Sample Broker (at 303-312-7828) as soon as

possible to expedite the processing of your request for unique laboratory sample analyses. Should you have any questions or need assistance, please contact the Broker at 303-312-6984 or the alternate Broker at 303-312-6738.

REGION 8 SAMPLE BROKER, FAX - 303-312-7828

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Name and date Site Manager (EPA/State) approved QAPP: _____

Title of QAPP: _____

Where can a copy of this QAPP be found ? _____

Name and date Site Manager (EPA/State) approved SAP: _____

Title of SAP: Sample and Analysis Plan, Apex/Heccla Pond, St. George, Utah

Where can a copy of this SAP be found ? _____

Signature of EPA or State Site Manager to signify approval of this analytical services request.

Signature: _____ Date: _____

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(QA/R5 - Elements A6 & B4)

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(QA/R5 - Element B4)

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US EPA Region VIII, 8ENF-T

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(QA/R5 - Elements B1, B5 & B7)

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_____	_____	_____
_____	_____	_____
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